EXHIBIT A

COMPREHENSIVE REHABILITATION EVALUATION

Containing

History of Present Illness
Medical Records Review
Patient Observation
Diagnostic Impression
Assessment
Vocational Position Statement
AMA Impairment Rating
Functional Assessment
Continuation of Care
Summary Report
Photographs
Documentation

On

Shane Loveland

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Summary Report

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Summary Report

Date: 06/09/17
Patient: Shane Loveland
Chart #: 37074
DOB: 04/01/82
Date of injury: 05/01/15

The History of Present Illness was obtained from the patient's mother, Rysta Susman.

The patient's mother stated her son was in his normal state of health until May 01, 2015, when he was involved in a motor vehicle accident. The patient was leaving Kearney, Nebraska driving towards Shelton, Nebraska when his tire blew out and his truck flipped across the highway. The patient sustained a significant traumatic brain injury, broken ribs, and a collapsed lung. The patient was transported by ground ambulance to Good Samaritan Hospital in Kearney, Nebraska.

The patient remained in Good Samaritan Hospital for approximately six weeks. He required the placement of a VP shunt, a tracheostomy, and a gastrostomy tube. The patient underwent the surgical repair of his diaphragm and an IVC filter was placed. The patient was placed into a chemically induced coma for approximately four weeks. The patient slowly came out of the coma and, once medically and surgically stable, he was transported by ground ambulance to Madonna Rehabilitation Hospital in Lincoln, Nebraska.

The patient participated in an inpatient rehabilitation program at Madonna Rehabilitation Hospital for approximately 12 to 16 weeks. The patient's mother stated they had a lot of behavioral problems with her son when he was at the Madonna Rehabilitation Hospital, as he was very aggressive and would hit staff and yell out. Shane demonstrated aggressive behavior and was using profane language. As a result, they put him on high doses of Depakote to try to control his behavior.

The patient was then transferred to Learning Services in Lakewood, Colorado, which was a transitional living center for traumatic brain injury patients. The patient was admitted to Learning Services in October of 2015 and remained in that facility until December 12, 2016 when he was discharged to his mother's home in the care of his mother.

The patient's mother stated Shane has no short-term memory and demonstrates inappropriate behavior at times when he is aggressive, tries to hit people, and uses inappropriate (profane) language. The patient's mother stated Shane lacks judgment, insight, and a sense of consequence. As a result, either she or his younger sister is with him and he is monitored 24 hours a day.

The patient's mother stated Shane can bathe himself; however, she has to wash his back and dry him, as he cannot do this himself. The patient's mother stated while he is in the shower she has to be with him because she has a fear of him falling. The patient requires help with bathing, dressing, meal preparation, and all activities of daily living. The patient's mother stated Shane is able to stand up and walk with a walker; however, she or her daughter are usually in close proximity because he is not very stable on his feet. The patient's mother stated her son has a balance problem with ambulating, he is very unsteady, and she has a fear of him falling.

The patient's mother stated her son is incontinent of bowel and bladder and he wears a diaper, which is changed two to three times a day.

The patient's mother stated her son has remained relatively medically stable since he has been home and he has not required any hospital admissions. The patient is not experiencing any seizures and he is not demonstrating any overly aggressive behavior at this time; however, he does yell, scream, lash out and physically hit his mother and his sister when he does not get his way.

The patient's mother stated her son's personality has changed as a result of the traumatic brain injury. She stated he was a very polite, pleasant, hard working, honest, outgoing son, and he is now withdrawn and inappropriate and requires 24-hour care and supervision.

The patient's mother stated the patient received physical, occupational and speech therapy services twice a week at Kearney Physical Therapy from December of 2016 until June 8, 2017, which was his last day of therapy. The patient's mother was informed they had done everything they could and her son had plateaued. They did not feel that ongoing therapy would improve his situation.

The patient's mother stated she lives in a two-story house and Shane lives downstairs. There are two to three steps at the entrance of the patient's mother's home. The patient can negotiate the stairs if someone is helping him; however, they have a ramp at the back door which is much easier for him to negotiate. The patient is able to negotiate short distances using a walker with standby to moderate assistance; however, he requires the use of a wheelchair for long distances, such as going to a doctor's office or shopping.

The patient's mother stated her son was independent in ambulation and all activities of daily living prior to sustaining the injuries on May 1, 2015.

The patient's mother stated her son did not finish high school; however, he was employed as a foreman, laying concrete for Gandy Construction Company. The patient worked for that company for approximately two to three years prior to sustaining the injuries on May 1, 2015.

The patient's mother stated prior to her son sustaining the injuries in the motor vehicle accident on May 1, 2015 he enjoyed fishing and hanging out with his friends.

The patient's mother stated she is very concerned about her son's future because she does not know who is going to take care of her son as she gets older and she can no longer take care of him. The patient's mother stated she does not want her son institutionalized and she wants him to have as normal a life as possible. She wants him to have his own home with 24-hour supervision, as this has been a significant burden on her and her daughter.

The patient's mother stated she was employed by Fritz's Market as a cashier and unloading trucks; however, she had to give up her employment to take care of her son full-time.

It was my medical opinion at that time the patient was suffering from:

1. History of severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
2. History of right 1st rib fracture and right upper lobe pulmonary contusion with small pneumothorax, as seen on CT scan of his cervical spine performed without contrast on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.

3. History of basilar skull fracture on the right with blood in the right external canal, air in the left temporal fossa, fluid in the sphenoid air cells, shearing type hemorrhage in his left basal ganglia, and suspicion for hemorrhagic contusions in the temporal lobes, more so on the right, demonstrated on CT scan of the head performed without contrast on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
4. History of extensive right pulmonary contusion involving the upper and lower lobes with a small anterior pneumothorax; fractures of his right 1st, 5th, 6th, and 7th ribs; right pleural effusion; and contused soft tissue of his right flank, demonstrated on CT scan of his chest, abdomen and pelvis performed with contrast on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
5. History of fractures of his 8th and 9th posterior ribs, pneumothorax on the right with pulmonary contusions in the upper and lower lobes, demonstrated on CT scan of his thoracic spine performed on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
6. History of endotracheal intubation and left subclavian line placement, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
7. History of ventriculostomy placement for intracranial pressure monitoring, secondary to severe brain injury, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
8. History of insertion of central venous catheter and arterial catheter, performed by Dr. Fernando Yepes on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
9. History of diffuse pulmonary parenchymal opacity in his right lung with plate atelectasis in the right lower lobe, consistent with pulmonary contusion complicated by atelectasis, demonstrated on chest x-ray obtained on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
10. Status-post placement of right-sided ventriculostomy for treatment of intracranial pressure and repair of right occipital full thickness laceration and irregular measurement, performed by Dr. Chinyere Obasi on May 1, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
11. History of extensive hemorrhagic contusion of his left inferior front lobe and left temporal lobe with petechial hemorrhaging, subarachnoid blood in his interpeduncular cistern and anterior ambient cisterns, and a stable shearing type hemorrhage in his left basal ganglia with interval placement of a right-sided ventriculostomy, demonstrated on CT scan of his head performed on May 2, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
12. Status-post right side chest tube placement performed by Dr. William Sorrell on May 7, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
13. History of interval development of small amount of free abdominal and pelvic fluid with evidence of small bilateral pleural effusions and basilar consolidation in his right lower chest, demonstrated on CT scan of his abdomen performed with contrast on May 8, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.

14. Status-post bronchoscopy with bronchial wash with therapeutic aspiration of secretions, performed by Dr. Radu Neamu on May 11, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
15. History of isolated segmental pulmonary embolus in the lingular branch of his left pulmonary artery, demonstrated on CT angiography of his chest performed on May 13, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
16. History of persistent fever and leukocytosis, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
17. History of acute mixed hypoxic and hypercapnic respiratory failure with significantly worsening hypercapnia due to a combination of increased carbon dioxide production secondary to persistent fevers, inflammatory response, and increased dead space perfusion from contused lung parenchyma and hyperventilation, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
18. Status-post placement of an IVC Simon Nitinol filter with a venacavogram on May 14, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
19. Status-post placement of a #8 French Shiley tracheostomy tube, performed by Dr. William Sorrell on May 15, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
20. Status-post right thoracotomy with repair of right hemidiaphragm performed by Dr. Michael Bibler on May 15, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
21. Status-post placement of a left femoral arterial line, performed by Dr. Mark Schanbacher on May 15, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
22. Status-post esophagogastroduodenoscopy performed by Dr. Arif Nawaz on May 15, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
23. History of bronchoscopy with aspiration of secretions and bronchial wash, performed by Dr. Radu Neamu on May 16, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
24. Status-post J tube placement on May 16, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
25. Status-post therapeutic bronchoscopy with aspiration of secretions, performed by Dr. Radu Neamu on May 17, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
26. History of insertion of a right internal jugular venous catheter, performed by Dr. Mark Schanbacher on May 18, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
27. History of extensive venous thrombosis of both lower extremities from the common femoral veins to the calves, demonstrated on lower extremity venous Dopplers performed on May 25, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
28. Status-post esophagogastroduodenoscopy and percutaneous endoscopic gastrostomy performed by Dr. Atam Mehdiratta on May 27, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.

29. History of new patchy right base opacity consistent with infiltrate and atelectasis with radiographic appearance consistent with clinically suspected aspiration pneumonia, demonstrated on chest x-ray obtained on May 31, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
30. History of moderate ventriculomegaly suspicious of communicating hydrocephalus with right subdural collection, resolving, and evolving left frontal and temporal lobe contusions, demonstrated on CT scan of the head performed without contrast on June 5, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
31. Status-post placement of a right sided ventriculoperitoneal shunt, performed by Dr. Chinyere Obasi on June 8, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
32. Status-post peritoneal mini laparotomy with peritoneal portion of the VP shunt placement, performed by Dr. William Sorrell on June 8, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
33. History of respiratory failure requiring mechanical ventilation on June 14, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
34. History of extensive heterotopic ossification in his distal left thigh and left knee, demonstrated on plain film x-rays of his left knee performed on June 23, 2015, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
35. History of inflammatory straining lateral to his right pelvis and right hip with a large complex appearing lesion lateral to the right hip, superficial to the IT band, likely representing a fluid collection including a potential abscess or hematoma, demonstrated on CT scan of his right lower extremity performed without contrast on March 17, 2016, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
36. Status-post cyst aspiration by ultrasound of his right hip, performed by Dr. Sean Pawlowski on March 21, 2016, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
37. History of heterotopic ossification involving his left hip joint and early arthritic changes bilaterally, demonstrated on plain film x-rays of his hips and pelvis performed on April 20, 2016, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
38. History of bilateral left greater than right inferior frontal and anterior temporal encephalomalacia compatible with sequelae of traumatic brain injury, mild generalized cerebral atrophy with mild dilation of his lateral ventricle, and a right parietal ventriculostomy catheter in place with the tip germinating into the right frontal horn, demonstrated on computed tomography of his head performed without contrast on May 23, 2016, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
39. History of reflux esophagitis, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
40. History of hypertension, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.
41. History of anxiety, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.

42. Acute functional decline requiring dependence on other people for survival in his environment, secondary to severe traumatic brain injury, secondary to injuries sustained in a motor vehicle accident on May 1, 2015.

After obtaining a history from the patient's mother, observing this patient in his own home, and reviewing voluminous medical records, it is my medical opinion as a Board Certified Physiatrist this patient will not be able to maintain gainful employment in the competitive open labor market, or in a sheltered environment with a benevolent employer, secondary to severe physical and cognitive deficits.

It is my medical opinion this patient has reached Maximum Medical Improvement in regards to conservative care and he has a **49-68%** permanent partial impairment of the whole person, according to the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition.

After obtaining a history from the patient's mother, observing this patient in his own home, and reviewing voluminous medical records, it is my medical opinion as a Board Certified Physiatrist as this patient suffers the secondary effects of aging, combined with his current impairment, his disability will actually increase over time.

According to the Vital Statistics of the United States 2017 Life Tables, U.S. Department of Health and Human Services, if this patient was part of the normal population he should live another 43.3 years.

There is a statistical reduction in life expectancy of patients who have suffered from a severe traumatic brain injury and this estimated average life expectancy reduction is approximately 4 years, (Mortality over four decades after traumatic brain injury rehabilitation: a retrospective cohort study, Archives of Physical Medicine and Rehabilitation, Volume 90, September 2009, Page 1506 – 13).

It is my medical opinion as a Board Certified Physiatrist this patient has suffered a severe traumatic brain injury and, as a result, he is at increased risk for developing traumatically induced epilepsy, Parkinsonism, and Alzheimer's-like dementia, as recently defined in a comprehensive review by the Institute of Medicine (National Research Council "Summary", Gulf War and Health, Volume 7, Long-term Consequences of Traumatic Brain Injury, Washington, D.C., The National Academy Press 2008). The extensive traumatic brain injury this patient suffered also increases his potential to develop hydrocephalus in the future, (he already has ventriculomegaly and a ventriculoperitoneal shunt placed). Further, sustaining a severe traumatic brain injury results in a chronic disease condition with a significant lifetime risk for multiple organ system failure, as defined in the recent Journal of Neurotrauma report, (Traumatic Brain Injury, A Disease Process, Not An Event, Brent E. Masel and Douglas S. DeWitt, Journal of Neurotrauma, August 2010, 27(8); 1529 – 1540).

This patient's future medical care, support services, and durable medical equipment are defined in the Continuation of Care section of this report. The medical necessity and cost for these items are based on:

1. My history obtained from the patient's mother.
2. My observation of the patient in his mother's home.
3. My review of the medical records.
4. My review of the radiologic films.
5. Conversations with the patient's treating and evaluating physicians:
    a. Dr. Morgan LaHolt (Neurologist)
    b. Dr. Chad Murray (Primary Care Physician)
6. Researched prices that were obtained in the state of Nebraska, catalogs, and from other current price sources.

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